
NOTIFICATION OF PROBATIONARY PERIOD DOCUMENT

I _____, do understand that I am serving a probationary period as a result of _____
_____. This probationary period will begin on _____ and end on _____ unless it is extended by leave without pay or other nonpay time in excess of 22 work days.

I understand that during the probationary period, I will be assessed on my job performance and my overall fitness and qualifications for continued employment with IRS. If my performance or conduct does not meet acceptable standards, I may be removed from the Federal service. Acceptance of the terms of this agreement means that I relinquish my career or career conditional status as well as my appeal rights during the one year probationary period.

I understand that signing this statement does not constitute a waiver of any appeal rights to which I'm entitled. I have been given a copy of this document.

Employee Signature

Date

Personnelist Signature

Date